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ABSTRACT

The primary intent of this theme issue is to clarify the urgent problems faced by the nation's youth in regard to Acquired Immune Deficiency Syndrome (AIDS) and human sexuality for Kansas educators and curriculum developers. The first section includes an overview of the Kansas Department of Education's mandate/regulation for human sexuality/AIDS education, along with observations about satisfying the directive. In section 2, questions are raised on whether these problems should be confronted pedagogically or demagogically. Discussions are presented on the social and political impact of AIDS and the enormous cost involved. The third section presents the responses to the State Department of Education's regulation and offers explanations of alternatives for satisfying the mandate on human sexuality/AIDS education in the Kansas schools. Section 4 presents a collection of brief articles on research about unplanned pregnancy, teaching techniques for educators, and the church's approach to these problems. Selected references and resources are included. (JD)

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Record

Human Sexuality/AIDS Education

KANSAS KASB

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PRESIDENT'S MESSAGE

Gary A. Livingston

Disturbingly high teen-age pregnancy rates, the AIDS epidemic, and widespread fears about other sexually transmitted diseases have convinced many public school educators that human sexuality education is a must. Surveys have long shown that the majority (some surveys as high as 80 percent) favors sex education in public schools. The controversy arises when specifics about what should be taught, how it should be taught, and who should teach it are discussed. Although clear-cut answers are illusive, districts across the state are struggling with each of these issues as they implement the new state requirements for human sexuality education.

Obviously, each district must answer these questions with respect to community needs and wishes. Regardless, the instructional programs must have as a common theme the hope that when teachers provide accurate answers about sex at the elementary and middle school levels, they create the same kind of foundation for later learning that they provide in other basic skill areas. In that vein, one can assume that if schools do not proactively instruct in the earlier years, sex education at the secondary level becomes almost remedial in nature. This playing catch-up and struggling to overcome years of accumulated misinformation almost prescribes defeat from the onset.

Those questioning the initiatives being taken by schools in this area need only look to statistics provided by our previous Secretary of Education, William Bennett.

> More than one-half of America's young people have had sexual intercourse by the time they are 17.
>
> More than one million teen-age girls become pregnant each year. Of those who give birth, nearly half are not yet 18.
>
> Teen pregnancy rates are at or near an all-time high. More than 400,000 teen-age girls now have abortions each year.

Birth to unwed teen-agers rose 200 percent between 1960 and 1980.

Forty percent of today's 14-year-old girls will become pregnant by the time they are 19.

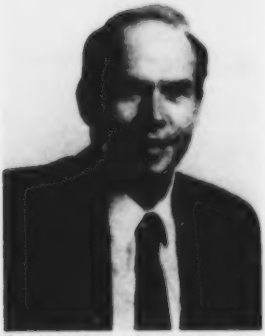
Mr. Bennett expressed extreme concern and, based on the statistics, indicated his doubts that previous efforts in sex education have been effective. He went on to indicate he believes the American people expect sex education courses to teach their children the relevant physiology--what used to be called "the facts of life"--but they also expect that those facts will be placed in a moral context.

Finally, the issue becomes that of prepared staff. One cannot expect curricular topics of this sensitivity to be addressed without a well-thought-out and planned staff development program. Family life experts have contended for years that a priority requisite before teaching sex education is in teacher training and that teachers and professional staff responsible for human sexuality education themselves have to receive formal training. Schools, parents, and communities are concerned about who is teaching their children about sex. They expect school districts to be responsible, teachers to serve as role models, and the information shared to be factual and in the context of dealing with character building and decision-making--because if sex education courses are not prepared to tell the truth, they instead distort and confuse our students about the realities of human life.

If planned and implemented appropriately with the proper community involvement, this program can be a powerful addition to your curriculum, particularly because the communication channels can open between the home and the school. While the prospect of change and transition into the teaching of sex education can be slightly uncomfortable, schools must accept the challenge and take the lead in this most important school and community issue.

GUEST EDITOR'S COMMENTS

Joh H. Wilson



This opportunity to serve as guest editor for the relatively new thematic issue of RECORD has proven to be a challenging and rewarding work. The challenge was introduced when I was invited to identify a theme; the nature of the reward was made clearer as members of the communications committee enthusiastically joined in the task. Each responsibility that I have undertaken has introduced me to equally energetic and cooperative KASCDers, surely enough reward.

Topics for the issue have been forwarded from across the state and many would have served our readership well. My choice, "Human Sexuality/AIDS Education in Kansas Schools," was first offered by Richard Lipka, a colleague from Pittsburg State University. Dick has generously helped with additional suggestions for the issue content, and prepared a thoughtful reference piece for the journal. I mention this, not to hold Dick responsible for the theme, but to cite his collaboration with appreciation.

By the time this issue of RECORD is distributed all school districts in Kansas will be abiding by the mandate that "accredited schools must provide a comprehensive education program in human sexuality . . . (and) Information about sexually transmitted diseases and acquired immune deficiency syndrome (AIDS) must be included in the program." School leaders have addressed this charge responsibly and many innovative and exciting programs are being practiced across the state. With this in mind, KASCD submits this thematic issue of RECORD to interested readers as a supplement, a resource piece, a guide, and for some a review, to complement the many faceted effort to provide the very best human sexuality/AIDS education curriculum possible.

Many educators have contributed to the issue. They will be recognized as their essays, articles, and resources are introduced. But, to each, at this early point in the journal, I want to extend my warmest thanks for their cooperation. While

there simply is never a convenient time to delay what one is assigned, to respond to an invitation to prepare a piece for a publication with too short a deadline, those who have written here did just that. This resource is more useful because of the contributors' unselfish willingness to share precious time. Thanks, friends!

EDITOR'S COMMENTS

Harvey C. Foyle

Human Sexuality/AIDS Education has hit Kansas schools like every legislative mandate hits the schools - like a ton of of bricks. Hard and rapid! It appears that Kansas districts have met the mandate swiftly with committees involving educators, parents, and community members discussing methods and content.

The controversy of sex education appears to have been settled with the reports of massive problems involving AIDS. This medical timebomb has affected the whole society. Educators should not be surprised that the curriculum is affected in the same ways that society is affected. KASCD hopes that this issue will provide background information as well as insight into this major issue.

Thank you, John Wilson, our guest editor, for all your efforts on this thematic issue. You gathered the materials for this issue and you spent a great deal of time preparing those materials. Without your work this issue could not have happened. Again, many thanks for a job well done.

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The Issue - An Overview

A Primary intention of this issue of Record is to urge Kansas educators to take a "systems alert" attitude about both human sexuality and AIDS education in Kansas schools. The references included in this introduction have been chosen to both inform and to incite further, continuing interest in the topic, the process.

There appears to be ample evidence that school systems in Kansas have chosen to be much more proactive as opposed to reactive with regard for the State Department mandate for a K--12 human sexuality/AIDS education curriculum. That beginning responses to the requirements to provide a responsible curriculum will suffice, even in the very near future, is unrealistic. This "editorial comment" is defended by an extrapolation from only a few references that help outline the future educational needs with regard for this rather frightening phenomenon.

Janet Wilson has prepared a succinct overview of the Kansas Department of Education's mandate/regulation for human sexuality/AIDS education, along with some very sensible observations about satisfying the directive.

In Section II, Professor Paske raises some extremely provocative questions that all who are interested in the education and welfare of Kansans are well apprised to consider thoughtfully. His observation, "Whether catastrophic or not, the best or the worst will be called forth from us depending upon whether we confront the problems of AIDS pedagogically or demagogically." is a central theme of his article. The Center for Population Options provides a wealth of basic data that educators must attend, e.g. "Nearly one-half -- 5 to 10 million -- of all people treated for sexually transmitted diseases (STDS) are younger than 25."

That we very well may have grossly underestimated the projected spread of the AIDS virus is suggested by the Associated Press article. Then, syndicated columnists Ellen Goodman and Carl Rowan present challenging pieces with pejorative advice regarding the impact that AIDS packs, socially and politically. Two quick notes cite the enormous cost factor and the ever present, regularly revisited inquiry about 'everyperson's' safety from AIDS.

Section III is devoted to presenting the responses to the State Department's regulation as interpreted by representatives for two school districts, a multi-districts educational center director, and a university professor/consultant. These four brief explanations of alternatives for satisfying the mandate on human sexuality/AIDS education in Kansas schools are representative, not inclusive. Tom Hawk reviews the Manhattan-Ogden effort, a district that is more "urban" in make up. The rural school district response to the regulation is shared by Herb Bailey, the Baxter Springs proposal. As Director for the multi-district educational center in Concordia, Glen Lakes reports about his work with those districts to organize a meaningful curriculum. Finally, in this section, the reader will find an exemplar "study of human development" that is prepared by Richard Lipka for consideration.

Section IV of this issue presents a collection of brief articles for every reader's thoughtful study; these informative pieces help shape one's information base profile as more complete. Linda Bakken and Charles Romig report out tentative findings from their continuing research about unplanned adolescent pregnancy. Doug Lynch offers research based advice about teaching techniques that are more likely to produce long term memory, more accurate recall to assure greater educational gains. Michael James takes issue with the prominent "just say no" approach to dealing with such complicated concerns as human sexuality/AIDS education. For balance, the National Council of Churches position statement on human sexuality education is included. Students from the high school and university settings present challenging thoughts in two newspaper op-ed page essays. This section includes three short references, suggestions/advice, from the PTA, a research institute, and the U. S. Department of Health and Human Services; each deserves a perusal as helpful resource information. In conclusion, three university professors, Hausmann, Griffith, and Wissman, provide advice from the curriculum perspective.

The publication would be incomplete without selected references to useful resources. Highlighted is the very comprehensive research based report from the Association for Supervision and Curriculum Development (ASCD), Curriculum Update. Other resource materials are cited for the reader's consideration.

The tact chosen for the preparation of this thematic issue of RECORD focuses on serving as supplementary information about a

powerfully important issue that Kansas educators have already addressed. There is the strong possibility that we simply cannot be "over-informed" about human sexuality/AIDS education, that Professor Paske is on target when he alludes to "catastrophic (in character)." The information chosen to be included here represents such an infinitesimally small part of the available literature, but that it is representative is intended.

Finally, I am taking an editor's privilege when I invite the readers to freely contact the authors of pieces contained here for additional support/advice/consultation. I feel entirely confident that contacts would prove beneficial.

John H. Wilson

HUMAN SEXUALITY AND AIDS EDUCATION IN KANSAS SCHOOLS

Out of concern for the welfare of young people with particular regard to teen pregnancy, sexually transmitted diseases and acquired immune deficiency syndrome (AIDS), the Kansas State Board of Education has adopted school accreditation regulation 91-31-3(g). The regulation requires that:

1. Effective September 1, 1988, accredited schools must provide a comprehensive education program in human sexuality.

2. Information about sexually transmitted diseases and acquired immune deficiency syndrome (AIDS) must be included in the program.

3. Instruction must be provided at the elementary and secondary levels.

4. All teachers and administrators must have appropriate academic preparation or inservice training designed to develop a basic knowledge of and sensitivity to the area of human sexuality.

5. All teachers who teach courses in human sexuality must hold appropriate certification beginning September 1, 1992.

6. Parents or guardians may request to have their children excused from any or all portions of the program.

7. The specific curriculum and the grades in which the program is to be offered shall be determined by each local board of education.

As directed by the Board of Education, staff of the Department of Education developed guidelines for schools to use in establishing or improving programs in human sexuality education. The document, Human Sexuality and AIDS Education: Preliminary Guidelines for Developing and Strengthening Programs, was written under the direction of Dr. Tom Walsh, Director of Educational Assistance. The guidelines were made available to all schools in the fall of 1987.

To provide schools with further assistance, the preliminary guidelines were expanded in the spring of 1988. Two documents,

Human Sexuality and AIDS Education Part I: Program Development and Resource Selection and Part II: Curriculum and Staff Development provided districts with suggestions for developing a comprehensive program with the following characteristics:

1. Sequenced from prekindergarten or kindergarten through senior high school.

2. Based on child growth and development.

3. Emphasis on basic life skills throughout the program.

4. Provision of accurate information about physical, emotional, and social human growth and development.

5. Provision of accurate information about sexually transmitted diseases including AIDS.

Furthermore, through the guidelines, the Department of Education staff suggested that programs in human sexuality and AIDS education are intended to:

1. Enhance the self-esteem of all students.

2. Increase the knowledge level of all students about human sexuality.

3. Help students develop and improve responsible decision-making capabilities.

4. Improve the quality of life of all students.

To provide direction in curriculum content for a comprehensive program in human sexuality education, age-appropriate information was outlined in recommended concepts and skills and sequenced from pre-kindergarten through senior high school. The concepts and skills recommended to be included in the comprehensive program were positive self-esteem, communication skills, personal relationships, physical growth and development, emotional development, abuse and violence, sexuality, sexual responsibility, and parenthood education.

It was further recommended that these concepts and skills be integrated within existing curricula where most appropriate. For

example, health education programs provide districts with a meaningful context in which to integrate human sexuality and AIDS education concepts and skills. In addition, recognizing that many of the life skills suggested for inclusion in the human sexuality and AIDS education program currently being addressed in substance abuse education programs suggests that combining these curricula within a health education program allows districts to avoid duplication of instruction.

Though curriculum development is an important component of the human sexuality and AIDS education program, it may not be the most important component. The training of instructors to teach human sexuality and AIDS education is crucial to the effectiveness of the program. Teaching human sexuality requires a special comfort level on the part of the instructor. Through the guidelines, the Department of Education staff suggested that districts develop a three- to five-year plan for staff development to reflect the need for ongoing opportunities for teachers to develop knowledge and skills in teaching human sexuality education.

The State Board of Education has acted in a positive way to address the welfare of the young people of this state. Developing programs to provide meaningful and effective human sexuality and AIDS education for Kansas youth will take time and effort on the part of many people. Staff of the Department of Education are available and willing to assist districts in developing and implementing local programs.

Janet Wilson

AIDS AND EDUCATION

The AIDS epidemic, serious as it already is, may become catastrophic. If so, the problem of AIDS will take on a character foreign to the experience of most living Americans. History has shown that catastrophic epidemics inevitably alter the fundamental values and character of the society in which they occur. Catastrophic epidemics call forth what is best and what is worst in human beings. This may be our fate.

Whether catastrophic or not, the best or the worst will be called forth from us depending upon whether we confront the problems of AIDS pedagogically or demagogically. The danger of the latter is acute since the AIDS epidemic will force Americans to deal publicly with religious, moral, and political issues upon which we are deeply divided.

The most direct impact of AIDS upon the schools is in the area of sex education. American sex education has failed, through neglect as much as through inadequacy, as evidenced by our outrageously high rate of teen-age pregnancy. An equivalent failure with regard to AIDS will result in an outrageously high rate of teen-age death. We cannot afford to fail.

Americans have always been reticent about sex and we have failed to publicly acknowledge, at least to our children, the substantial change which has occurred with regard to our sexual mores. Questions which will have to be honestly faced are:

(1) Is celibacy followed by monogamous marriage a viable social option when marriage is routinely postponed until the mid or late twenties? (2) Is the explicit advocacy of the use of condoms for nonmarital, nonmonogamous sexual relations compatible with an adequate public sexual morality? (3) Is homosexuality morally acceptable between consenting participants? Whatever the answers to those questions may be, if these questions are dealt with in a shallow and hypocritical manner, the result will be disastrous.

The explicitly sexual problems presented by the AIDS epidemic are accompanied by equally serious nonsexual ones. As the economic cost of AIDS rises, perhaps threatening to bankrupt an already overloaded health care system, the following problems are likely to arise: (1) Does society have an obligation to provide economic

support for a disease which is (usually) a result of voluntary activity? (Compare with alcoholism, smoking, obesity, and automobile accidents.) (2) To date even expensive AIDS treatments do little more than extend a long and costly dying period. Does society have any obligation to support such treatment? (3) Babies born with AIDS live a few miserable and expensive weeks, months or years. How much of our limited medical resources should be expended on such infants?

These are life and death questions having to do with the very meaning and value of human existence. In confronting these questions we confront the questions of what are our duties to our fellow citizens and what does it mean to love one another. In the past, lip-service to conventional responses has been adequate. The AIDS epidemic will require real service to realistic responses.

(Ed. Note) Dr. Paske has prepared a very thoughtful paper that speaks directly to the questions he poses in this article. Those interested in securing a copy should contact: Dr. Gerald H. Paske, Box #74, Wichita State University, Wichita, KS 67208.

Gerald H. Paske

THE FACTS
AIDS AND ADOLESCENTS

Acquired Immunodeficiency Syndrome (AIDS) is now an epidemic in the United States, and all sectors of society are being affected. Many public health officials believe that teen-agers, because of their experimentation with sex and drugs, are at increasingly high risk of becoming infected with the Human Immunodeficiency Virus (HIV) that causes AIDS.

Current Status of AIDS in the United States

As of December 14, 1987, 48,574 cases of AIDS in the United States had been reported to the Centers for Disease Control.

The number of AIDS cases involving heterosexuals is increasing 100% every six months.

In New York City, AIDS is now the leading cause of death for women aged 25-34, and the fourth leading cause of death for women 15-24.

An estimated 1-1.5 million Americans are currently infected with the virus that causes AIDS.

It is estimated that by 1991:

Heterosexual transmission will account for more than 9% of new AIDS cases in the U.S.

The cumulative number of AIDS cases in the U.S. will total over 270,000.

The cumulative number of AIDS-related deaths in the U.S. will total over 179,000.

AIDS and HIV Infection Among Teen-agers and Young Adults

As of December 14, 1987, 200 cases of AIDS among teen-agers aged 13-19 were reported to the Centers for Disease Control. Of these, 45% are white, 33.5% are Black, 19% are Hispanic, and 2.5% are of other races.

Over one-fifth of people with AIDS are aged 20-29. Because of the long latency period for the virus, many of these people were probably infected as teen-agers.

Since October 1985, the United States Army has routinely tested applicants for HIV exposure.

Of recruits aged 17-20, 0.6 per 1000 have been found to be seropositive, which indicates exposure to HIV.

Of recruits aged 21-25, 2.5 per 1000 have been found to be seropositive.

Teens at Risk

Sexual Activity:

In the United States today, 11.5 million teen-agers between 13 and 19 years of age have had sexual intercourse:
5 million females - seven of every ten by age 20.
6.5 million males - eight of every ten by age 20.

One is six sexually active high school girls has had at least four different sexual partners.

Four in ten females become pregnant before they turn twenty years old. More than one in every ten teen-age women get pregnant each year.

Sexually Transmitted Disease:

Nearly one-half - 5 to 10 million - of all people treated for sexually transmitted diseases (STDS) are younger than 25.

Ten to twenty-four-year-olds accounted for 62.5% of gonorrhea cases and 40% of syphilis cases in 1985.

Of those teen women who use contraception, only 22% use the condom, while 78% use methods which are not as effective in preventing transmission of the virus that causes AIDS or other STDs.

Each year, one in seven teen-agers contracts a sexually transmitted disease.

Drug Use:

In a 1986 study conducted for the National Institute on Drug Abuse, 1.1% of U.S. high school seniors reported that they have used heroin.

Nearly 30% of all students will drop out before high school graduation, and youth who have dropped out of high school have higher rates of I.V. drug use than those in school

A conservative estimate is that 200,000 American teens have used I.V. drugs.

Runaways:

About one million teen-agers run away each year in the U.S.

An estimated 187,500 runaways are involved in illegal activities, such as drug use, prostitution or solicitation, petty theft, loitering, and drug trafficking.

Prostitution:

An estimated 125,000-200,000 teen-age men and women become involved in prostitution each year; approximately one-third of these are not runaways.

In 1986, 11,093 American teen-agers were convicted for prostitution - 2,737 males, 8,356 females.

Knowledge and Attitudes About AIDS

In a 1985 study of adolescents in San Francisco, students lacked basic knowledge regarding transmission of and protection against the virus that causes AIDS:

Only 66% of the students surveyed were aware that AIDS could not be spread by using someone's personal belongings.

Only 60% were aware that use of a condom during sexual intercourse lowers the risk of getting the disease.

A 1986 random survey of 16-19-year-olds in Massachusetts indicated that sexually active adolescents are not protecting themselves against HIV infection:

70% of respondents said they were sexually active, but only 15% of this group reported changing their sexual behavior because of concern about contracting HIV.

Only 20% of those who changed their behavior used effective methods, i.e. abstaining from sex or using condoms.

A 1987 NBC poll found that 91% of adults approve of teaching AIDS prevention to children in public schools, and 97% of teen believe that information about AIDS should be available at school

A 1987 Harris poll found that 74% of American adults favor the use of television advertisements to promote the use of condoms for AIDS prevention.

The Center for Population Options in Washington, D.C. publishes the following "The Facts -- AIDS AND ADOLESCENTS:" (available by writing to the Center, 1012 14th Street, N.W., Suite 1200, Washington 20005.

MORE AIDS VIRUS SPREAD PROJECTED

The AIDS virus may have infected twice the number of Americans now estimated by the federal government, and the infection rate may be three times higher than estimates for the heterosexual population, according to a private study by the Hudson Institute.

Kevin Hopkins, a Hudson mathematician, said Friday that a study using realistic assumptions not used by the federal Centers for Disease Control suggested that in 1987, 2 million to 3 million Americans were infected with the human immunodeficiency virus that causes acquired immune deficiency syndrome.

The Atlanta-based CDC, the primary federal agency monitoring the spread of AIDS, estimates as many as 1.4 million HIV infections. Hopkins said the study by Hudson, a privately financed public policy research organization with headquarters in Indianapolis, used CDC data on the number of cases of AIDS. But he said Hudson used different computer models and more sophisticated statistical analysis techniques to estimate the rate of HIV infections.

He admitted that "we're all in a guessing game" when it came to estimating the number of people infected with the AIDS virus. Nonetheless, he said he thought the Hudson method was a more realistic model or mathematical estimate of the situation.

"The CDC may be right, and we may be wrong," Hopkins said. "Until a national seroprevalence test is conducted, we will not know. "The main conclusion is that we cannot be complacent about this disease."

Timothy Dondero, chief of a CDC branch studying the spread of AIDS, said that after reviewing the Hudson data, "we do not feel a change in our data is appropriate."

He said that for the Hudson model to be correct, about two percent of the young adult population in the United States would have to be infected with HIV. Yet, he said, "their figures are inconsistently high within segments of populations for which there are test results."

Associated Press, August, 1988.

AIDS Information

Are you a member of a high-risk group for exposure to mixed or misinformation? Have you had a visual or audial contact with a self-proclaimed AIDS expert? Casual? Intimate? Repeated?

If so, by now you may be exhibiting all the symptoms of AIDS-information whipsaw . High anxiety. Confusion, Cynicism. A desire to put a bag over your head until it all goes away.

The fear of the AIDS epidemic has spread so much faster than our knowledge of the disease that it's spawning whole cottage industries of "experts," with varying credentials and agendas, all advising the public on their sexual behavior. Some have been manufacturing alarms and others have been peddling reassurance. The results are bewilderment and a building consumer resistance to any information.

In the past month, we had Dr. Robert Gould, a psychiatrist, telling That Cosmo Girl in her favorite magazine that there was virtually nothing to worry about from normal heterosexual relationships, beyond a broken heart. There wasn't evidence that the fatal disease was "breaking out."

Now we have the physiologists of the sexual revolution, Dr. William Masters and Virginia Johnson along with Dr. Robert Kolodny, insisting in a book called "Crisis" that AIDS is "now running rampant in the heterosexual community."

Masters, Johnson and Kolodny studied 800 heterosexuals between ages 21 and 40 from four cities. Half of them were monogamous and half of them had more than six partners in the past year. Of those with multiple partners, 7 percent of the women and 5 percent of the men tested positive for AIDS - a number far higher than any other study.

Armed with these numbers, they accuse the scientific community of "benevolent deception." The Centers for Disease Control estimates 1.5 million Americans are infected. This trio doubles that estimate. They also say that 200,000 non-drug-using heterosexuals are probably infected, a number seven times higher than the one given by the CDC.

Are you developing an immunity to AIDS statistics? "The public has had an excess of assurance followed by an excess of alarm from so-called experts on both sides," says Dr. Harvey Fineberg, dean of Harvard's School of Public Health and one of those trying to maintain some sort of balance.

We get tossed between such scientific extremes in part because we don't have satisfying data, but we do have a lot of fear. Anybody can play with probabilities until they match their own anxieties. It's been estimated, for example, that the risk of transmitting the virus through one act of unprotected vaginal intercourse is one in a thousand. Is that a lot or a little? Over an evening, a year or a lifetime?

The trio who wrote "Crisis" estimates that the risk for a woman is one in 400 sexual encounters. Does this signify a disease running "rampant"? When asked why he called it that, Masters said, "I simply believe it."

This is the sort of thing that drives the cautious health community to distraction. They have to light a match under Gould one day and put out the Masters and Johnson fire the next.

"Crisis" even raises the flame on "casual" contact, saying that it's theoretically possible to get infected in a touch football game or from a toilet seat. As Fineberg says, "It's theoretically possible that a meteorite could hit the World Trade Center."

If epidemiologists were forced to choose between the alarmists and soothing-sayers, they would reluctantly choose alarms. "But my fear," says Dean Fineberg, "is that the public will say nobody knows anything; it feeds into the anti-expert mood. They won't want to hear anymore."

There are many reasons for the dueling experts. They range from honest scientific differences to hustles. But the public is interested in one thing: How scared should I be? How careful should I be? And there is a certain constancy underlying all but the most irresponsibly rosy scenarios about how to behave sexually in this epidemic.

"Crisis" offers the chilling notion that only 10 percent of their sample with numerous sex partners thought they were at risk. None of them were regular condom users.

In the face of all this, the prescription is the same one we heard last month, last year, the year before. Abstinence or a monogamous relationship with an uninfected person is the best protection. The use of a condom and spermicide every time is second best.

And while you're at it, be wary of unprotected relationships with untested "experts." Misinformation is highly infectious.

(Used with permission from the Washington Post Writers Group. From syndicated columnist Ellen Goodman, "AIDS-information whipsaw causing cynicism, confusion" - Wichita Eagle/Beacon newspaper's Op-Ed page, March 11, 1988.)

Ellen Goodman

Leaders should follow Adm. Watkins' lead on AIDS

Why should this country suffer an epidemic of 450,000 cases of the deadly disease, AIDS, in 1993 -- at least a 600 percent increase over the number of cases today?

Because Acquired Immune Deficiency Syndrome (AIDS) has become the latest high price of discrimination in America.

"It's their own fault," most Americans say of the homosexuals and intravenous drug users who make up the largest percentages of the 1.5 million Americans now known to be infected with the Human Immunodeficiency Virus (HIV). The average congressman or Reagan administration official isn't inclined to spend money to protect "homos" and "junkies."

These same sinless souls once argued that cocaine would never be more than a frivolity of high society, heroin never more than a psychological refuge for the ghetto hopeless, and Angle Dust (PCP) the preferred choice of the crazies. Those sinless souls now anguish over the fact that these drugs permeate every level of American society, making the United States the junkie capital of the world.

Unless we listen to brave people such as retired Adm. James D. Watkins, chairman of the President's AIDS Commission, we are going to suffer a grotesque superepidemic of AIDS, with perhaps millions of deaths occurring among heterosexuals, and among people having casual sex with partners they never suspected of carrying the AIDS virus.

Why? Because the draconian laws under which this administration proposes to test prisoners, immigrants and others will not meet the nation's need to know who carries the AIDS virus, and who has been exposed to it. The 1986 Justice Department memo declaring that "fear of contagion" is justifiable grounds for excluding someone carrying the AIDS virus from most areas of American life is going to drive most HIV carriers underground.

In one of the most courageous, wisest actions by any head of any presidential commission, Watkins stepped out in front of the official report by his 13-member commission and said that carriers

of the AIDS virus will not come forward if they believe that they will lose their jobs, homes, insurance policies and civil rights when it is revealed that they are infected and able to communicate this dread disease.

Let every reader of this column answer this question: "Would I volunteer to be tested for anything if for accidental exposure, mistakes in testing, or any other reason, I might be declared one of the lepers of this generation - a jobless, scorned outcast?" We would not.

So, in order to get AIDS carriers to come forward and identify those they might have infected, agreeing of course not to expose others to the virus, Watkins called for federal laws, a presidential executive order and other means to protect the civil rights of carriers of the AIDS virus. He asked that it be made a crime to knowingly transmit the virus to someone else.

After daring to criticize the Reagan administration's "slow" and "sluggish" response to the AIDS crisis, Watkins called for a multi-billion-dollar assault against the AIDS epidemic.

The need for such a campaign is manifest in the fact that the news about AIDS gets worse every day. We are told that at least 99 per cent of those infected by HIV will die - unless we invest the resources to produce a cure. The AIDS virus, we are told, hides in some body cells, meaning that it is being carried by some people who "passed" routine tests. The drug AZT, the only one so far known to prolong the life of AIDS victims, does not exist in quantities to meet the rising number of patients. And AZT's cost of $10,000 to $20,000 a year per patient would bankrupt families and public hospitals.

The AIDS curse is a grim challenge to national leadership. The White House, The Congress, state and local leaders ought to follow Adm. Watkins' and his commission's lead - knowing that the lives they save may be their own, or those of someone they love.

From syndicated (North America Syndicate, Inc.) columnist Carl Rowan's Op-Ed Page piece, "Leaders should follow Adm. Watkins' lead on AIDS," found in the Wichita Eagle/Beacon newspaper, June 14, 1988.

Carl Rowan

Cost of AIDS care is staggering

Florida has the third-largest number of AIDS patients in the U.S. That worries state officials for two reasons: the effect on the public's health and the potentially staggering cost of caring for those with the disease . . . Government statistics show that it can take seven years or longer for a person carrying AIDS virus to develop symptoms of the disease . . . the average Dade County client cost the state slightly more than $5,000 over three months, which would average out to more than $20,000 a year. Gov. Bob Martinez has proposed increasing money to fight AIDS by 95% in the coming fiscal year, to $25.7 million . . . but still won't match the projected doubling in state AIDS cases, from about 4,000 to 8,000 during 1989 (again to double the next year).

Stats from the Federal Centers for Disease Control, Atlanta:

Total cases reported in U.S.	=55,167	March, 1988
Total adult cases	=54,281	
Total child cases	= 886	
Total recorded deaths	=30,932	
Total adult deaths	=30,441	
Total child deaths	= 521	

As a matter of economics, from the Tampa Tribune newspaper, "Cost of AIDS care is staggering," selected-

"AIDS - Is Anyone Safe ?"

Doctors now think they understand how it infects, can test whether someone has been exposed to the virus, and know how to prevent its spread to others.

More disturbing is that as many as 1.2 million Americans may have antibodies to the virus, and a majority of these may be carrying it, even though they have no symptoms.

Dr. George D. Lundberg, editor of the Journal of the American Medical Association, recently offered this word of caution: "People who do not wish to get AIDS must ad just their life-style so as to live defensively. This is a great time to practice sexual monogamy."

From the Reader's Digest article, "AIDS - Is Anyone Safe?" by Janice Hopkins Tanne, 2/86, pp. 60-64.(reprints available)

THE MANHATTAN APPROACH TO HONEST SEXUALITY EDUCATION

Human sexuality is one of the dimensions of "personhood" important to the development of all human beings. For the past fifteen years, the Manhattan secondary schools have had a curriculum in human sexuality as part of the eighth and ninth grade health program. The initiation of the course was a response to parents, teachers, and counselors who saw the need for education about human sexuality with junior high age students. The entire curriculum development effort was in the context of wellness with human sexuality being a critical component of developing a healthy lifestyle.

From the beginning of the program, health educators and curriculum directors in the district have stressed the need to integrate wholesome education about human sexuality into the wellness curriculum. While there has been much concern about the risks of sexual activity, it is equally important to help children come to see sexuality as a source of human enrichment and happiness. As the curriculum has been developed and has evolved over the last fifteen years the choice has not been whether children will learn about sex from their health teachers, but whether tat learning will be unconscious and haphazard or thoughtful, planned and purposeful. We have opted for an honest, straight-forward approach with students that recognizes their natural curiosity and their own human sexuality.

The recent concern about AIDS and the mandate from the Kansas State Department of Education has emphasized the importance in Kansas for education about human sexuality. There is no question that our children can be "at risk" from accidental and unwanted pregnancy, sexually transmitted disease, coercive sexual experiences (i.e. date rape, etc.), and AIDS. As adults, our fear for these consequences can lead to a curriculum full of frightening and painful messages to young people. Our job as educators is one of sharing facts with students about risks involved, but also affirming young people's sexuality during the important times when bodies develop and mature and when relationships and falling in love are preparation for committed primary bounds in adult life. AIDS education is our only recourse today for a disease that has no cure. But this education must take place in a total context of human sexuality education that deals with cognitive, factual

information; feelings; attitudes and beliefs; and the skills of decision-making, communication, and assertiveness.

The remainder of this article will focus on the specific curriculum at the middle school and high school. The major content and methods used to gain positive discussion and skill acquisition will be presented.

Middle School Program

Manhattan Middle School has had a Sex Education program in the health course for fifteen years. The curriculum was developed primarily in response to an increase in teen pregnancy. The major objective now is not just to prevent teen pregnancy but to develop positive attitudes about puberty changes along with appropriate and accurate information concerning human reproduction. The following topics are included in the six-week eighth grade course:

Adolescent Development and Puberty Changes
Responsible Hygiene
Compare and Contrast Male and Female Systems (this includes structure, function, and potential problems or concerns)
Menstrual Cycle
Prenatal Development
Fetal Alcohol Syndrome
Family Planning: Methods, Effectiveness, Advantages, Disadvantages
Abortion Issues
Sexually Transmitted Diseases including AIDS
Teen Pregnancy Problems
Dating Expectations and Dealing with Peer Pressure

On the first day of class a letter is sent home to each student's parent or guardian informing them that their student is currently enrolled in health and the topics to be studied are listed. The parent and student are to sign the letter to show that they have read it. This is not a consent form. If parents do not want their student to be in the class, they must contact the instructor and the principal in order to set up an alternative study program. We rarely have parents requesting to have their child removed from all or even a portion of the course. The purpose of the letter is to first let the parents be aware that the student is in health and not in PE for the next six weeks, and second, to prepare the parents for the upcoming topics of discussions since there are numerous assignments which will involve the

parents to some extent.

At the beginning of the course the class expectations are discussed. The first expectation is that it is okay to be embarrassed but it is not okay to intentionally embarrass someone else. At this point we discuss reasons why people are embarrassed emphasizing the social and cultural perceptions. We also emphasize the importance of using proper terminology.

Another expectation is that it is okay to laugh, but it is not okay to laugh at someone else. During the discussion of the previous expectation, some humor is used to show that it is okay to laugh in class and that we can have fun. However, it is clearly stated that a student will be dismissed from class if there is any inappropriate behavior.

The final expectation is that it is okay to ask questions, but that it is not okay to leave a question unanswered. There are three conditions where a question might not be answered: 1) if the student is too embarrassed, so a question box is provided for students' questions; 2) write down the question or tell the instructor as the student leaves; 3) if the instructor does not know the answer. At that time the instructor will try to get the right information and return with the answer as soon as possible. It is emphasized that the instructor does not always know everything and will continue to learn with the students.

With these ground rules, a few low-risk and then even some high-risk activities, the students are able to begin to feel very comfortable in the co-ed class. The students do learn the correct terminology and begin to feel more at ease. By the time the class is discussing the different methods of family planning, the students are capable of clearly explaining out loud how each method is used.

During this last year, a few additional assignments were added which involved input from the parents or guardians. The reason behind these activities is to encourage a variety of opportunities for parents and child discussions. Sex education does belong in the home along with being a part of the middle school curriculum. The more involved the parents are with the curriculum, the greater the support will be of the program.

High School Program

Manhattan High School has also been offering a human sexuality unit within the required ninth grade health class for the past fifteen years. The three week high school course includes the following topics:

Male and Female Anatomy
Pregnancy and Childbirth
Family Planning: Methods, Effectiveness, Advantages, Disadvantages
Teen Pregnancy Issues
Love and Dating Relationships
Assertiveness Training
Societal Sex Roles
Domestic Violence including Date Rape
Sexually Transmitted Diseases including AIDS

As in the other topics throughout the health course, peer pressure and self-esteem exercises are on-going.

Since the students are arriving from the eighth grade with a solid base of information, the high school curriculum is able to build on that foundation and delve further into relevant topics. It has proven beneficial to incorporate community resources such as the crisis center (domestic violence), public health department (teen pregnancy), and the police educational department (rape issues) to reinforce these specific class discussions.

The ninth grade students are familiar with human sexuality topics and the way in which the topics were presented and discussed the previous year, so they usually begin the high school unit with a "matter-of-fact" attitude. At any level, however, much of the students' comfort zone will depend largely upon the teacher. A human sexuality teacher must be able to discuss the topics openly, frankly, and with empathy, respect, and some humor. The teacher must also be aware that the students will be entering the unit with a variety of views concerning their own sexuality, some based on different cultural backgrounds. Therefore, respect for all class member's views, questions, and opinions is emphasized. An element of trust is vital in order for students to believe they can express their innermost personal questions to a roomful of peers. Thus, the class environment is extremely important.

AIDS education is one of the important issues within the human sexuality unit. Manhattan High School plans to further enhance the school's AIDS education by reaching students outside the classroom setting. One such way is to publish short "AIDS facts" in the weekly student newspaper. This could take a fact/myth format. Another suggestion is to in-service selected school clubs, and in turn, have those members help dispel AIDS rumors and misinformation. Clubs targeted for such an in-service could be: Peer Helpers (students who have received communication skills training and are available to help fellow students with problems), TRIBE (a large spirit club), STUCO (student council), SADD (Students Against Driving Drunk), and National Honor Society.

The more students are educated about the facts of AIDS, the better prepared they will be as this issue continues to affect their lives in the years ahead.

Tom Hawk

HOW WOULD YOU DEVELOP A SUGGESTED SEX/AIDS CURRICULUM FOR GROUP OF SCHOOLS ?

This was the problem that a number of the superintendents here in the North Central Kansas Educational Service Center presented to me. I understood their concerns. A number of them had excellent progras that they felt might be lost as the new requirements were publicized. Others hoped that they could use the new requirements to help them promote programs that students had long needed. All need to meet the state mandate to teach about AIDS. If a group of educators right here in rural North Central Kansas could develop a suggested scope and sequence it was more likely that their local boards and parents would accept it. They also hoped that it would save them money since each district would not have to start from scratch and employ their own consultant.

All activities in the Educational Service Center are voluntary so I sent out an invitation to attend a meeting on January 20, 1988 and described what we proposed to do. Our goal was to "develop a suggested scope and sequence and resource list for Sex/AIDS Curriculum in grades K-12." We suggested that the representatives might include teachers of physical education, health, or hove economics; administrators, a school nurse or a counselor. Our project facilitator was from Kansas State University. Fifteen districts chose to take part in the project; the representatives at our first meeting included administrators, teachers, board members, and school nurses. I soon found that I had not communicated clearly with the facilitator. Most of this half day session was spent talking about the issues surrounding Sex/AIDS education instead of developing a K-12 Sex/AIDS Curriculum by March 1, 1988.

Time was going to be short and I wasn't certain we could meet our mandate. My next note to the representatives stated "We need to work fast! - - Our next meeting will be product oriented and since a number of you must drive a distance, longer." I also set the date for four additional meetings. That would make a total of six meetings and seemed reasonable if we were to meet the timeline. I found a sample K-12 sequence, tailored it on my word processor to meet what I though might be acceptable and passed it out at the beginning of the meeting. It was time to start grinding out the details grade by grade in meeting after meeting. I wondered at times if we would have any guidelines left as we

argued over whether they were so specific they would unfairly bind the classroom teacher and often chose a general statement instead.

Finally, just at the deadline, I could send out this final announcement.

Here it is! The committee just completed its work and this is a suggested scope and sequence for sex education/AIDS that represents the professional judgment of this group of teachers, nurses, psychologists, and administrators as to what should be included in a quality comprehensive program.

We realize that each district will need to make decisions regarding what is appropriate for their own students, but we believe that these recommendations will be helpful. Many of you are or will be involved in developing a comprehensive Drug Education Curriculum. I believe that you will find a good portion of this material can also be used in that area. My personal thanks to everyone who helped!

The advantages of this consortium effort were clear.

1. It provided a suggested K-12 curriculum for a controversial subject that was more likely to be accepted that one developed by a more distant group.

2. The consultant fee was split evenly among the districts and therefore the cost was minimal for each.

3. The people attending came from a number of districts and benefited from the experience and knowledge of others.

4. The individual superintendents could let me worry about providing a basic model that they could tailor to suit their own districts.

If I had it to do again I would make a few changes.

1. I would employ a consultant that had a clear understanding of curriculum scope and sequence and wanted to spend time working on it.

2. I would be certain that the mission of the group was clearly stated and understood by both the consultant and the participants.

3. I would look earlier for sample materials from other districts.

In spite of the Kansas snow and blow we reached our goal of developing a suggested K-12 Sex Education/AIDS Curriculum. If you would like additional information about this project or other consortium efforts, please feel free to call upon us.

Glendon Lakes

THE NEW 1988 'FIAT'

It is helpful when working in the area of curriculum to be able to look down the assembly line past enrollment, textbook orders, parent-teacher conferences, salary negotiations and hot lunch reports, to stated goals that express expectations for local educational improvement. Particularly so when the state board of education mandates a new area of curriculum to be placed on the crowded turnpike of public education: Human Sexuality and AIDS Education. A marker on this avenue for USD #508 Baxter Springs, was a district goal that stated:

"To foster and maintain a commitment to one's life-long intellectual, physical, and emotional needs."

What further supported our efforts to meet the new "Fiat," was the collaborative approach that was developed in 1981, between teachers, administrators, parents, and students; a collaborative curriculum council, our cruise control, if you will; for working on curriculum to make this district more effective. Baxter Springs had a foundation and expressed need to promote students' intellectual, physical, and emotional needs. This was known and had been publicized in the community. Tires are tires and goals are goals, however, and the process for putting curriculum on the artery that feeds quality education in Baxter Springs should be noted. The "grass roots" approach for collaboration model used here functions through a Curriculum Council composed of the Director of Curriculum, four teacher representatives (one from each building) two parent members, and two high school student members. To meet this new "Fiat" from the state, we had an established roadway on which to plan our efforts.

When the state board in 1985-86 was beginning to address Human Sexuality and AIDS education, conducting research, writing, and rewriting, it became apparent that a new mandate was forthcoming on the topic of Human Sexuality and AIDS Education. Our efforts were helped by a member of our school board, Ms. Chris Anne Hartley, when she was chosen as a member of the KASB Committee on Human Sexuality. The information she shared gave us support for our efforts. The perception of this likely change became a topic for curriculum council meetings. Questions were asked and collaborative committees were formed: (Parents, teachers, administrators, students.)

1. Library Drug and Human Sexuality Study Committee - winter 1986.

2. Ministerial Alliance Survey Committee - Spring 1986.

3. Student Survey Committee on Drugs and Human Sexuality - 1987.

4. Drug/Human Sexuality Committee.

5. Review of Drug Abuse/Human Sexuality Committee 1988-89.

These sub-committees of the curriculum council were established to address the district goals on emotional, mental and physical health. As it turned out, they were the beginnings of the Baxter Springs effort to meet the state mandate on Human Sexuality and AIDS Education that was approved by the Kansas State Board of Education in May of 1987, with the regulations being written in November of 1987. The Curriculum Council, in the fall of 1986, began reviewing State Curricula from our own State, New York, and Alaska on Drug Abuses/Health Education. This review prompted questions in regard to what school district libraries had on these topics for students. The Library Drug/Human Sexuality Committee, composed of parents, teachers, administrators and students and student teachers, asked what the Board of Education spend approximately $5,000 to improve our K-12 materials. The board supported the request. The collaborative Library Committee functioned to make instructional improvements for K-12 students and have proven successful.

To determine the scope of this community's need for Drug Abuse and Human Sexuality Education, a collaborative committee of parents, teachers, administrators and students, was formed to write a survey for the Ministerial Alliance in the Spring of 1986. The results of this survey were helpful in allocating time and resources for Drug Abuse/Human Sexuality education. It also served as a tool for communication to our community leaders that USD #508 Baxter Springs personnel were doing their homework to help students.

The surveying of the Ministerial Alliance motivated the Curriculum Council to form a collaborative committee to survey students K-12 in the areas of Drug Abuse and Human Sexuality. Five separate surveys, K-12, 3-4-5, 5 only, 6-7-8, and 9-10-11-12 were developed and administered in April of 1987. The results of

these surveys gave us some very usable, factual information, that was of great help when the committee to select our Drug Abuse/Human Sexuality Curriculum was formed.

The collaborative committee to develop a Drug Abuse/Human Sexuality Committee was formed by a Board of Education directive in the summer of 1987, to meet the mandate approved by the state board in May of 1987. A lot of work by administrators, teachers, parents, and students had already been produced. In the fall of 1987, a sub-committee of the Curriculum Council was formed to develop USD #500's approach to meeting the new "Plat." That committee spent a year looking at curricula from districts in Kansas, Southeast Kansas Education Service Center curriculum, New York, Alaska, and Oregon. They selected the Oregon Curriculum and then joined the SEK Education Service Center. The Oregon Curriculum Health Skills for Life, authored by Jim Terhune, was selected for these reasons:

1. It covered the topics of Drug Abuse and Human Sexuality.

2. The curriculum was developed around a unit approach, something teachers could plug in and pull out.

3. It was user friendly.

4. Teachers and students liked it.

They further elected to join the Healthy Living curriculum from the SEK Education Service Center for these reasons:

1. Training for teachers.

2. A/V Materials.

3. The Life Education Center.

Both of these curricula were recommended to the Board of Education and received approval.

The committee on Drug Abuse/Human Sexuality also sought Board approval to have Mr. Jim Terhune, author of the Oregon Curriculum, to provide in-service on this curriculum for our 500 staff members. Mr. Terhune will be in the district August 19 for that purpose. The last week of August has been scheduled for

presentations to parents at each school on the new curriculum.

So with good old American ingenuity, this district is ready to meet the State "Fiat" on human sexuality. The process, however, rather tan the new wagon is to be noted. You can't get much more American than a "democratic grass roots" approach. Through involving various sections of this district's electorate, through the collaborative approach, the public schools in Baxter Springs exhibit:

1. Public involvement.

2. Public understanding of the issues and problems.

3. Education of the public on the topic.

4. Information on how the public dollar is being spent.

5. A public attitude that the schools reflect and are open to their input.

6. Public awareness that we have moved from power over people to power over issues.

When lane changes come along, and new vehicles are placed on the road, honk if you are becoming more effective.

Herb Galley

Why am I the way I am and why is it the way it is? The study of human development in the middle grades.

Introduction. As I have stated in other settings (Beane & Lipka, 1986, 1987) those who work with middle school students generally recognize that this is the most dramatic period of development in the human life-span with regard to the breadth of change it involves. The physically underdeveloped child becomes the well-developed adolescent complete with secondary sexual characteristic, a voice an octave lower, and an adult-like shape; but not without the unpredictable and troublesome growth spurts, embarrassing acne, cracking voice, and loss of coordination in transescence. In short, the physical, social, and cognitive adolescent leaving middle school is a much different person from the child entering the middle school.

Curriculum Planning

A topic like human growth and development is a natural reflection of the curricular approach known as the "emerging needs approach". Within this approach, curriculum plans are organized around the personal and social needs of learners. With human development as the organizing center or theme the remaining five components of the teaching-learning situation are developed. Specifically:

1. Objectives - the intended or possible learnings for students
2. Content - the important facts, principles and concepts related to the objectives and with which learners are to become familiar
3. Activities - possible situations in which learners may engage in order to accomplish the objectives
4. Resources - material and human resources related to the objectives
5. Measuring devices - the means by which accomplishment of objectives can be determined. (Beane and Lipka, 1986)

What follows is an abbreviated treatment of a Human Growth and Development Unit designed for use in the middle school and faithful to the aforementioned five components of the teaching-learning process.The unit could be utilized in any of the middle grades and is envisioned as a ten to twelve week unit with daily activity.

The unit emphasizes three essential procedures given our understanding of middle school youngsters: cooperative learning, teacher-pupil planning and process-oriented science.

Cooperative Learning

In examining self-concept data for the middle school years (e.g. Lipka and Brinthaupt, 1986) young people report an increase in the desire to be with under adult guidance. These findings provide support for educators who are serious about the promotion of positive, pro-social peer group arrangements through the utilization of cooperative learning and cooperative reward situations (e.g. Johnson, 1981; Slavin, 1983; Johnson, Johnson, Holubec, and Roy, 1984).

Within the framework of the unit, students are involved in "expert groups". They select an organism and study about its growth and development by comparing and contrasting it to the human organism. After the comparing and contrasting it to the human organism. After the comparison/contrast studies they teach their classmates what they have learned.

Teach-pupil planning

Teacher-pupil planning means teachers working in a partnership to articulate a problem/concern, develop objectives, locate resources and evaluate progress in fulfilling objectives. The operation of the small/expert groups is built upon teacher-pupil planning designed to have each group formulate questions that can be answered through research and experimentation.

Process science

Process science makes a commitment to building intellectual skills by utilizing an integrated balance of content and process. In most instances students are encouraged to use direct experience, experimentation and observation as primary sources of information about the natural world. Emphasis is placed upon how to gain and understand information in addition to the information itself. In short, if one wishes to learn science one must behave as a scientist - to learn and employ such skills as: observing, classifying, measuring, using numbers, inferring, predicting, formulating hypothesis, controlling variables, and interpreting data. These processes are kept in the forefront during all

teacher and teacher-pupil planning within this unit.

Prior to the introduction of the unit to the students, the parents are asked to attend an evening informational meeting. At this meeting, objectives, organizational plan, and materials to be used are shared with the parents. This is done to provide the parents with an understanding of the unit and to prepare them for the kinds of questions and the topics of discussion that the individual student may take home with himself.

I. Unit objectives

1. To provide middle school students with the opportunity to plan the materials they are to study.
2. To review systems previously studied concerning the human organism. Examples: circulatory, digestive, muscular, and skeletal.
3. To undertake discussions of the nervous system and glandular system, eventually centering on the reproductive systems.
4. To discuss behavior of the transescent (13-14 year old) as a result of the body changes.
5. To reinforce the learnings concerning the human organism by comparing and contrasting its systems and behaviors to the following lower animals:

a. hydra
b. daphnia
c. earthworm
d. guppy
e. frog
f. hamsters and/or white mice
g. birds (incubation of fertile chicken eggs)
h. fetal pig

6. To effectively use the appropriate processes found in AAAS - A Process Approach to Science. The processes are as follows:

a. Observing
b. Classifying
c. Using numbers
d. Measuring
e. Using space-time relationships
f. Communicating
g. Predicting
h. Inferring
i. Defining operationally
j. Formulating hypotheses
k. Interpreting
l. Controlling variables
m. Experimenting

II. Student Skills/Objectives

1. To use reference and resource skills in the location and organization of information.

2. To express ideas through the use of audio-visual materials. (Student made audio and video tapes, transparencies, flip charts, charts, etc.)

3. To express ideas orally and in writing.

4. To work and plan as a member of a group.

5. To interpret nonverbal data such as charts, graphs, and pictures.

6. To utilize democratic procedures for the formation of goals and the methodology necessary to reach these goals.

III. Organizational Plan and Content of the Unit

Step 1: Initial large group instruction. Instructional time: approximately 4-5 weeks, 45 minutes per day.

A. The students are introduced to the unit by a two-day co-educational viewing of such films as: Human Growth, Boy to Man, and Girl to Woman.

B. Broad goals are set by the teacher and the students. Before, during, and after the aforementioned films the students are encouraged to ask questions concerning the films or general topic of human growth. While some questions are answered immediately, others are so structured as to become objectives of the unit. To aid in the gathering of questions, any student may state his question orally or anonymously in writing. Conceivably, any question throughout the unit may become an additional objective for the unit.

C. Review the students knowledge of the human organism gained from their elementary school experience. The students are encouraged to bring in any materials they have used in school during studies of the human organism. These materials range from charts and drawings to contract style units on the human organism

in terms of the basic systems (i.e. circulatory, muscular, skeletal).

In addition the teacher may use:

Torso and Head Model - 19 Sealess Dissectible
Human Circulatory System, filmstrip
Human Digestive System, filmstrip
Human Respiratory System, filmstrip
Your Body and Its Parts, film
Learning About Our Bodies, film

These filmstrips and films provide a good review if student materials are insufficient.

While this review is taking place, bulletin boards consisting of such materials as Human Body Charts, showing the fucnuntionad systems, will be available for student use

D. Begin an intensive study of the human being in terms of the nervous system, glandular system, and reproductive systems

1. Teacher and students will read excerpts on the nervous, glandular, and reproductive systems from biology text books.

2. Students will complete print materials/worksheets on the location and function of the various glands

3. Students view for factual information and discussion a set of twelve transparencies on Human Reproduction, Growth, and Development

4. View filmstrips, Human Glandular System and The Reproductive System for information and discussion

5. A student film preview committee will be organized to prepare questions to be answered by such films as, Nervous System and Biography of the Unborn

6. The class will read and orally critique, A Doctor Talks to 7- to -8 Year Olds.

7. Preparation of bulletin boards displaying student drawings and descriptions of the nervous, glandular, and reproductive systems.

E. Present guidelines for project areas available for study.

1. Students are instructed that they are going to compare and contrast their knowledge of the human organism to a lower animal form.

2. Working in groups of four, the students are to choose the organism of study from the following listing:

a. microscopic organisms-hydra and daphnia
b. earthworm
c. guppies
d. frogs
e. hamsters and/or white mice
f. birds (incubation of fertile chicken eggs)

3. In addition to the six organisms listed, the teacher will choose four students from the class for an enrichment activity. The enrichment activity consists of a comparative study of the human organism and the fetal pig. The students chosen for this group should be above average in science interest since they will have the enrichment activity in addition to their chosen organism of study.

Instructional Resources for Step 1

Teacher's Resource Book

Any up-to-date biology textbook containing accurate, factual information on the nervous, glandular and reproductive systems.

Student's Resource Books

Laerigo, Marian and M. A. Cassidy. (1967) A Doctor Talks to 9-to-12 Year Olds. Chicago: Rutling Press,. (Available only through professional sources.)

Matlach, Anna I. and Silas Rambel. (1967) A Doctor Talks to 5-to-8 Year Olds. Chicago: Rutling Press, (Available through professional sources only.)

Instructional Resources : Films

Biography of the Unborn. 11 min., B/W; Encyclopedia Britannica Films, 425 N. Michigan Ave., Chicago, Ill. 60611.

Boy to Man. 16 min., color; Churchill Films, 662 N. Robertson Blvd., Los Angeles, California. 90069.

Girl to Woman. 16 min., color; Churchill Films, 662 N. Robertson Blvd., Los Angeles, California. 90069.

Human Growth. (Grades 4-7), distributed by Hank Wesselhoeft, Inc., 1317 Langsdorf Road, Northbrook, Ill. 60062

Learning About Our Bodies. 11 min., B/W; Cornet Films, 61 E. South Water Street, Chicago, Ill. 60601

Nervous System. 11 min., B/W; Encyclopedia Britannica Films, 425 N. Michigan Ave., Chicago, Ill. 60611.

Your Body and Its Parts. 12 min., color; Encyclopedia Britannica Films, 425 N. Michigan Ave., Chicago, Ill. 60611.

Instructional Resources: Filmstrips

Human Circulatory System. Education filmstrip produced and distributed by the Society For Visual Education, Chicago 14, Ill. A570-1 (Dannyer-Leggett).

Human Digestive System. Education filmstrip produced and distributed by the Society For Visual Education, Chicago, Ill. A570-1 (Dannyer-Leggett).

Human Glandular System. Education filmstrip produced and distributed by the Society For Visual Education, Chicago, Ill. A570-6 (Dannyer-Leggett).

The Reproductive System. McGraw-Hill - Text Film Division, 327 West 41st Street, New York, New York. 10036.

Instructional Resources : Models

Torso and Head Model - Y9 Sexless Dissectible, Denoyer-Geppert Co., Chicago, Il

Instructional Resources: Charts and Posters

The Human Body Charts, Shaw, Sprague and Palmer. F. A. Owen Publishing Co., Dansville, New York, 1957.

Instructional Resources: Transparencies

Foster, John D., and Orlin W. Rice. Transparencies Unit I, Set of Twelve Transparencies for the Study of Human Reproduction and Development. Copyright 1967 by Clearvue Suite 4A, Professional Building, Oak Brook, Ill. 6-521.

Step 2: First small group instruction (approximately two weeks, 45 minutes per day.)

A. Each small group is composed of the four students who have chosen to work on a specific organism.

B. Teacher quizzes each group orally to determine the knowledge the group has concerning the human organism.

C. Size of group allows the teacher to work in light of individual differences and to provide ideas for research and review of materials.

D. Each group is to begin developing its own specific goals in terms of formulating questions that they will attempt to answer through research and experimentation.

The following is a sampling from actual student work with the unit in terms of specific questions that have been developed by the students and instructional resources necessary for the completion of the questions.

1. Hydra and Daphnia:
   a. Specific questions
      1. How large is a hydra, daphnia?
      2. Is reproduction of the organisms asexual or sexual?
      3. What do they eat?
      4. How are they like human beings in terms of reproduction?
      5. How does fertilization take place?

   b. 1. Instructional Resources: Science Hardware

      line specimens of hydra and daphnia
      bell jars
      shallow Pyrex trays
      yeast (food for daphnia)
      brine shrimp eggs (when hatched, they are food for hydra)
      brine shrimp hatch kit
      microscope
      bioscope

* The science hardware mentioned throughout this paper is available from Ward's Natural Science Establishment, Inc., P. O. Box 1712, Rochester, New York. 14603.

2. Instructional Resources: Books

Gleason, Bernard (1964). All About Biology. New York: Random House.

Guyer, Michael F. And Charles E. Lane (1964). Animal Biology. New York: Harper and Row, Pub.

Lindemann, Edward (1967). Water Animals For Your Microscope. New York: Crowell-Collier Press.

3. Instructional Resources Manuals

Behavior of Hydra Hypotheses 1, AAAS, Part 6, Second Experimental Edition. Copyright 1964 by the American Association for Advancement of Science (AAAS Miscellaneous Publication 64-20.)

Responses of Daphina, Experimenting 2 AAAS, Part 6, Second Experimental Edition. Copyright 1964 by the American Association

for the Advancement of Science. (AAAS Miscellaneous Publication 64-20).

4. Instructional Resources: Leaflets

Brine Shrimp-Culture Leaflet Ward's Natural Science Establishment, Inc., P. O. Box 1712, Rochester, New York. 14603.

Hydra-Culture Leaflet Ward's Natural Science Establishment, Inc., P.o. Box 1712, Rochester, New York. 14603.

Rearing of Daphnia and Related Anthropods. Ward's Natural Science Establishment, Inc., P. O. box 1712, Rochester, New York. 14603.

2. Earthworm

a. Specific Goals

1. What happens about two days after an earthworm is cut in half?
2. How do earthworms reproduce?
3. Are the male and female reproductive organs in the same worm?
4. Where is the location of the male reproductive system?
5. Do earthworms have a menstrual cycle?
6. Where do the babies come out?
7. How long is the gestation period?

b. 1. Instructional Resources: Science Hardware

live specimens of earthworms
injected and preserved specimens of earthworms for each member of the class
dry cell battery
worm farm (homemade)
"T" - shaped maze (homemade)
dissecting kits (to be purchased by the school and/or students)
dissecting trays (to be made by students)

2. Instructional Resources: Books

Berman, William (1961). How to Dissect. New York: Sentinel Books Pub.

Guyer, Michael F. and Charles E. Lane (1964). Animal Biology. New York: Harper and Row, Pub.

3. Instructional Resources: Periodicals

Rovinson, Marlene (1967). "Exploring the Earthworm's World," Nature and Science, Vol. 4, No. 14, April 10.

4. Instructional Resources. Film

Earthworm: Anatomy and Dissection. 11 min., color; Coronet Films, 65 E. South Water Street, Chicago, Ill. 60601.

Each of the remaining organisms would have a similar listing of questions and instructional resources.

Step 3: Large group instruction (at most, three days, 45 minutes per day.)

A. At this time, students share finalized group goals. They are to state their specific questions of study, but not the answers at this time.

B. This large group instruction provides for feedback from group to group and perhaps formulation of additional goals for the individual groups.

Step 4: Small group instruction. (three days, 45 minutes per day.)

A. Groups meet for any resolution of new goals stimulated by the discussion during the large group instruction. (Step #3)

Step 5: Small group instruction. In reality, this is the group presentation for the class. (one week, 45 minutes per day.)

A. Groups share all information found concerning the project in terms of contrast and comparison to the human organism. This is designed to reinforce the knowledge of the growth and reproduction of the human being.

B. The teacher, if necessary, should encourage questions from the class directed to the group making the presentation.

Step 6: Large group instruction. (one to two weeks, 45 minutes per day.)

A. Discussion of the behavior of the pre-adolescent and the adolescent as a result of the body changes noted during previous lessons throughout the unit.

B. The Class is instructed to read and discuss chapters 6-8 in A Doctor Talks to 9-to-12 Year Olds.

C. Students are encouraged to discuss their behaviors through the use of round tables, debate, role playing and construction of "Dear Abby" columns.

D. Summation of activities and resolution of any final questions concerning the unit.

E. Instructional Resources for Step 6

Teacher's Resource Book

Havinghurst, Robert James (1952). Developmental Tasks and Education. New York: Longmans, Greene.

Student's Resource Book

Cassidy, M.A. (1967). A Doctor Talks to 9-to-12 Year Olds. Chicago: Budlong Press. (Available only through Professional sources.)

Pamphlets

A Developmental View of Children From Preschool Through Adolescence. Scott, Foresman and Co., 1966. (A pamphlet reprinted from the 1966 edition of Scott, Foresman's These Are Your Children, a child development text by Gladys Gardner Jenkins, Helen S. Schlacter, and William W. Bauer.)

Video Tape

Man Made Man. 28 minute tape from the 21st Century Series.

Step 7: Individual student work. (one week, 45 minutes per day.)

A. Each student to present a report that reflects an overall view of the unit.

B. Each report should include such points as:

1. the scientific reasons which make learning about growth and reproduction important for your age group (10-14 year olds)

2. contrasting and comparing of your organism of study to the human being in terms of structure, growth, and reproduction

C. By using individual student assessment the disabled reader and other exceptional children will be able to achieve success through visual and oral reports.

In Sum What I have offered is a thin slice of a unit predicated upon what we know about the transescent learner and dedicated to assisting these young people in answering the question "why am I the way I am and why is it the way it is?"

References

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Beane, J.A. and Lipka (1987). When the kids come first: Enhancing self-esteem. Columbus, Ohio: National Middle Schools Association.

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Slavin, R.E. (1983). Cooperative Learning. New York: Longman.

Johnson, D.W.; Johnson, R.T.; Holubec, E.J.; and Roy; P. (1984). Circles of Learning: Cooperation in the Classroom. Alexandria, Virginia: Association for Supervision and Curriculum Development.

Richard P. Lipka

The Case of the Pregnant Teen : Who is She?

Unplanned adolescent pregnancy is one of the problem "outcomes" for a teen-ager negotiating the difficult transition of adolescence. Estimates of adolescent sexual activity suggest that one-third to one-half of adolescent females have had sexual intercourse by age fifteen; and almost 80 percent of teen-age girls have experienced coitus by the time they're eighteen. Of these sexually active adolescent girls, about 50 percent of the sexually active seventeen-year-olds and less than one-third of the sexually active fifteen-year-olds use any form of contraception. Although surveys from the 1980's suggest a decrease in the rate of pregnancy of older adolescents, this rate is increasing among younger teen-agers. Some projections estimate that in the next several years one out of seven females will give birth before the age of eighteen, and that one out of ten American girls will be pregnant during high school. Current research indicates that of the 1,000,000 adolescent pregnancies yearly, 40 percent will choose to abort. Of the 500,000 that result in births, 475,000 girls will parent their infants at tremendous personal and societal cost.

Consequences of adolescent pregnancy offer the strongest evidence for concern in dealing with this problem. Roughly two-thirds of female high school dropouts are pregnant and girls who were mothers at fifteen indicate a mean of nine years of education. These statistics suggest resultant poor vocational training, economic dependency, and poverty, while the unplanned child also has greater difficulty.

Studies that address the motivations reported by adolescents who become pregnant suggest that some adolescents choose pregnancy as a means of assuring themselves of a love relationship; others will have a child when they really want a mother; and for some adolescents, pregnancy is an assertion of their desire to be independent of their families. Although these adolescent females do not differ in emotional stress factors related to sexual activity, they do differ in maturity and family support for pregnancy. In fact, those families who encourage their adolescents to finish school, to have goals for the future, and that early pregnancy impedes these goals, have fewer incidents of pregnancy.

The authors recently completed a research project that addressed these very factors; we discovered, however, that pregnant teens

did not differ in their moral development or locus of control from teens who were not (nor had been) pregnant. In perceptions of the emotional bonding of their families, there again were few differences between the two groups. Evidently, the emotional connectedness is perceived similarly for both. Our findings contradict research which suggests that an important motivation for becoming pregnant is when a family is so disengaged emotionally that the adolescent looks for a substitute love relationship.

On the other hand, most of the pregnant teens were conformists in their relationships with others, while the non-pregnant teens indicated a broader range of ego development in dealing with their peers. These styles ranged from self-protective ("If I don't take care of me, who will?") to a sense of responsibility for their behavior ("I have the future to think of.") Also, in terms of the flexibility of their families, teens who were pregnant perceived their families as more rigid, while parenting teens and never-pregnant teens saw their families as more adaptive.

If the number of teens who report being sexually active is accurate, and if the estimates of contraceptive use among this group of adolescents is correct, is it, then, "the luck of the draw" that determines whether or not the adolescent becomes pregnant? We may be focusing on irrelevant factors in our haste to address the problem of adolescent pregnancy. Instead, we may need to rethink our conceptions of who is the at-risk teen-ager. It maybe that both the simple self-protective ego state and the more integrated conscientious stage provide a safety valve against becoming pregnant. The tendency of pregnant teens to be conformists in their relationships may have ramifications in conformity to traditional sex roles which discourage these females from asserting to males their inclinations regarding sexual activity. Family characteristics also may be significant, particularly the level of adaptability in a family. The more rigid family system results in a greater need for obedience to rules which can, in turn, provide a more likely vehicle for the conformist girl to be at risk for pregnancy.

How, then, can human sexuality be taught in order to prevent adolescent pregnancy rather than merely to help the pregnant teen cope with the problem? If we teach our female adolescents that conforming to societal rules is an accepted role and if we encourage our teen girls that feminine sex-role characteristics (such as nurturing and compliance) are appropriate attitudes, we need also

to help them deal with these traits within the contexts of an emotional and intimate relationship with their male counterparts. Moreover, we need to help these girls make decisions regarding their own well being while being aware of the limitations of their developmental processes.

Dr. Linda Bakken Dr. Charles Romig

WHAT WILL THEY REMEMBER ABOUT HUMAN SEXUALITY/ AIDS EDUCATION?

One of the compelling questions we must ask in designing and evaluating sexuality and AIDS education programs is "What will students remember from the program after it is over?" As an educational psychologist specializing in long term memory, there are several research findings which should be considered. Anticipating the ways in which memory changes over the time leads to the opportunity to design the program to enhance accurate recall.

First, the greater the time interval between when a person experiences the program and when they recall it, the greater the distortion of the program ideas. What is remembered (and what is forgotten) is not random, but follow rather predictable patterns. In general, these are the patterns:

(1) People remember general concepts rather than specific facts.

(2) They tend to "over-generalize" ideas (for example, if they were taught that "You are less likely to contract AIDS if you follow safe sex procedures." it may be recalled as "I learned that you can't get AIDS by following safe sex practices."

(3) What they recall and what they forget is often related to their prior beliefs and attitudes. Prior beliefs have a powerful impact on the recall and forgetting of instruction. (People seem to "hold on" to their prior beliefs, and selectively forget what doesn't make sense to them.")

(4) People tend to remember the novel, emotionally charged and bizarre details. (Even though these "facts" may be of minor importance, they will be recalled and given greater importance.

(5) The source of information is often forgotten. Therefore, what the student believes about sexuality and AIDS will be a combination of what was in the educational program and whatever they heard "on the street" or in the media. (This means they may be "taught" that they will not contract AIDS through casual contact with classmates with AIDS, but if there is a fictional television show which contradicts this idea, they may forget the fact and remember the fiction.)

Given these rather discouraging characteristics of how memory changes over time, what can be done in the educational program? Since memory is so dependent on prior knowledge and beliefs, program instructors should get students to express their beliefs

before instruction. This will provide instructors with ideas to clarify and identify beliefs which are likely to recur. Great emphasis needs to be placed on correcting erroneous beliefs. The students need to be told why certain beliefs are in error. To counter, the "overgeneralization" tendency, students need to practice distinguishing between "over" and "accurate" generalizations. Finally, students need practice stating the source of their information. Instructors should make reporting the sources of their information (avoid phrases such as "they say that AIDS is difficult to contract" and instead say "The Surgeon General's message on AIDS given in the summer of 1988 conveyed that AIDS is difficult to contract.")

This process of anticipating how memory changes over time and designing the instructional program to enhance accurate recall should lead to long term more desired educational gains.

Douglas J. Lynch

"Just Say No" Is Not Enough

In the September issue of Better Homes and Gardens, Burton Hillis' "The Man Next Door" section shows a mother, father and son sitting at the dinner table. While the son looks down at his dinner plate, the mother says, "Just say no' has absolutely nothing to do with broccoli." This phrase has become so common lately as it is associated with drug prevention programs, that the directive has become a panacea of sorts for many concerns and problem-solutions. Perhaps more seriously, "Just say no" is being used as a Band-Aid-curative for AIDS education by some educators, too.

This approach to education conjures up the memory of classical conditioning experimentation with rats and pigeons. Lares, the noted educational psychologist, argues that if we can ever fully understand the rat maybe then we can better understand man. The fact that in controlled experiments we can apply an aversive stimulus or immediate reinforcement and cause a lesser animal to respond in a set way or pattern to a simple task does not generalize to modern humankind reacting to a highly complex social, ethical, medical crisis like AIDS.

Even in the most simplistic prevention program, the "Just say no" solution is but one part of a very complex interaction of information, affective commitment, social/assertive competence and personal ownership. With drugs, a person makes the choice to either experiment by inducing a foreign substance into the body and experiencing the consequences which could be deadly, or, knowing/feeling/doing/owning the right to refrain. The body does not need or seek the foreign substance. With sexually transmitted diseases - and none is more deadly than AIDS - the person is faced with a more complicated dilemma. Each person develops sexually during puberty. This phenomenon is biologically, genetically and developmentally controlled; the person hardly controls the processes. With this new capacity to reproduce comes the inherent need to be sexually fulfilled. The available AIDS educational literature stresses abstinence first, monogamy second, and safe-sex practices third (always strengthened with appropriate knowledge about self and disease transmission, affective well-being, competence and courage to withstand pressure and the personal ownership to do what is right for oneself and others). These parenthesized qualities do not develop without thoughtfulness.

Skillful, healthy decision-making requires intentional, carefully monitored thinking/education. "Just say no" might work for the rat, but it is not enough for the responsible, sexually active human of the 80's.

Michael James

Interfaith Statement on Sex Education

Human sexuality is a gift of God, to be accepted with thanksgiving and used with reverance and joy. It is more than a mechanical instinct. Its many dimensions are intertwined with the total personality and character of the individual. Sex is a dynamic urge or power, arising from one's basic maleness or femaleness, and having complex physical, psychological, and sexual dimensions. These dimensions, we affirm, must be shaped and guided by spiritual and moral considerations which derive from our Judeo-Christian heritage. The heritage teaches us that the source of values to guide human behavior is God.

The sexual attitudes of children develop as part of their general social attitudes. Furthermore, respectful and considerate sexual attitudes help create healthy social attitudes. When the family and society view sex as loving and fulfilling, rather than prurient and exploitative, then both the social and sexual attitudes of children benefit. A healthful approach to sexual relations, willingness and ability to impart sexual information in a manner proportionate to the child's stage of development - these are among the elements which foster healthy sexual attitudes and behavior in the young. So, also, is resistance to social pressures which in some instances lead to premature sophistication or unhealthy attitudes in young people.

Responsibility for sex education belongs primarily to the child's parents or guardians. A home permeated by justice and love is the seedbed of sound sexual development among all family members. Both the attitudes and the activities of the parents - toward each other and toward each child as an individual - affect this development. Healthy attitudes toward sex begin in the child's earliest years; they can best develop in an atmosphere that fosters in him a deep sense of this own self-worth, bolstered by love and understanding.

Sex education is not, however, only for the young; it is a lifelong task whose aim is to help individuals develop their sexuality in a manner suited to their stage of life.

We recognize that some parents desire supplementary assistance from church or synagogue and from other agencies. Each community

of faith should provide resources, leadership and opportunities as appropriate for its young people to learn about their development into manhood and womanhood, and for adults to grow in understanding of their roles as men and women in family and society in the light of their religious heritage.

In addition to parents and the religious community, the school and other community agencies can have a vital role in sex education in two particular ways:

1. They can integrate sound sexual information and attitude with the total education which the child receives in social studies, civics, literature, history, home economics, and the biological and behavioral sciences.

2. They can reach the large numbers of young people whose families have no religious identification but who need to understand their own sexuality and their role in society.

For those who would introduce sex education into the schools, however, the question of values and norms for sexual behavior is a problem - indeed, the most difficult problem. It is important that sex education not be reduced to the mere communication of information. Rather, this significant area of experience should be placed in a setting where rich human, personal, and spiritual values can illuminate it and give it meaning. In such a setting, we are convinced it is not only possible but necessary to recognize certain basic moral principles, not as sectarian religious doctrine but as the moral heritage of Western civilization.

The challenge of resolving this problem of values in a pluralistic society makes it all the more imperative that communities planning to introduce sex education into the schools not only call upon educators to become involved in decisions about goals and techniques, but also invite parents and professionals in the community to take part in shaping such a curriculum.

To those groups responsible for developing school and community programs in sex education we suggest the following guidelines:

1. Such education should strive to create understanding and conviction that decisions about sexual behavior must be based on moral and ethical values, as well as on consideration of physical and emotional health, fear, pleasure, practical consequences, or

concepts of personality development.

2. Such education must respect the cultural, familial, and religious backgrounds and beliefs of individuals and must teach that the sexual development and behavior of each individual cannot take place in a vacuum but are instead related to the other aspects of his life and to his moral, ethical, and religious codes.

3. It should point out how sex is distorted and exploited in our society and how this places heavy responsibility upon the individual, the family, and institutions to cope in a constructive manner with the problem thus created.

4. It must recognize that in school sex education, in so far as it related to moral and religious beliefs and values, complements the education conveyed through the family, the church or the synagogue. Sex education in the schools must proceed constructively, with understanding, tolerance, and acceptance of difference.

5. It must stress the many points of harmony between moral values and beliefs about what is right and wrong that are held in common by the major religions on the one hand and generally accepted legal, social, psychological, medical, and other values held in common by service professions and society generally.

6. Where strong differences of opinion exist on what is right and wrong sexual behavior, objective, informed, and dignified discussion of both sides of such questions should be encouraged. However, in such cases, neither the sponsors of an educational program nor the teachers should attempt to give definite answers or to represent their personal moral and religious beliefs as the consensus of the major religions or of society generally.

7. Throughout such education, human values and human dignity must be stressed as major bases for decisions of right and wrong; attitudes that build such respect should be encouraged as right, and those that tear down such respect should be condemned as wrong.

8. Such education should teach that sexuality is a part of the whole person and an aspect of his dignity as a human being.

9. It should teach that people who love each other try not to do anything that will harm each other.

10. It should teach that sexual intercourse within marriage offers the greatest possibility for personal fulfillment and social growth.

11. Finally, such a program of education must be based on sound content and must employ sound methods; it must be conducted by teachers and leaders qualified to do so by training and temperament.

The increased concern and interest in this vital area of human experience now manifested by parents, educators and religious leaders are cause for gratitude. We urge all to take a more active role, each in his own area of responsibility and competence, in promoting sound leadership and programs in sex education. We believe it possible to help our sons and daughters achieve a richer, fuller understanding of their sexuality, so that their children will enter a world where men and women live and work together in understanding, cooperation, and love.

From a church spokesperson/body, The National Council of Churches, Synagogue Council of America, and United States Catholic Conference, the "Interfaith statement on sex education," Journal of Clinical Child Psychology, 1974, 3(3), 54-55.

A Student Comments

From a high school student (Wichita High School Southeast Stampede) who argues for earlier lessons about human sexuality/ AIDS education in Kansas schools:

"Lessons must begin in elementary school," letter to the editor, Wichita Eagle/Beacon newspaper, March, 1988.

How important is it to educate the teen-ager about acquired immune deficiency syndrome?

Let me back up a bit and ask, "How important is it to educate the teen-ager about sex?"

Now, there's a problem. "Very important," parents nod to one another. "Yes, we agree with them" nods the community. But to me, bringing sex education to the high school would be a laugh riot. It would be like teaching engineers to add during their first days on the job. It would be like showing a master chef the proper way to beat an egg. For high school is no sexual vacuum - no, parents, do not even believe it for a second. Sex is here, sex is up on two legs and rampaging through the halls of the American high school.

We must start to hear some ignorant, childish giggling about sex and about all the other evils of growing up (like drugs, but that's another story). So we're in the junior highs, and we want to educate the blossoming adolescent about sex and sexual diseases. Uh oh. Problems again.

Don't you forget that in junior high the clique is born, and whatever makes sense to the chique cannot and will not be shown to be anything else but the doggone truth. If anyone tried to tell these kids any astonishing fact about the disease, they would nod their heads, look at their clique-mates and say, "Aw, that won't happen to me."

Let's pick up the bags and keep moving. I'd say let's slow down at about the fourth or fifth grade. When I was in elementary school, things were segregated. But across town I hear tell that my cohorts were "dating" in some very healthy social development manner. It's different in every school. But around the fourth or

fifth grade, all kids are starting to wonder why the heck they aren't beating up on the opposite sex anymore, rather going through some cease-fire before the big treaty. They're almost there . . . and they must be grabbed before any mistaken info leaks into their ears from some nasty older brother or sister or from some shocked, nosy friend who stayed up late to watch "Bolero" after Mom and Dad were asleep.

Yes, at ages 10-12 there is definite promise for some attention to the subject of sex. When I lived in Connecticut, I went through a year - I think it was seventh grade - when my peers and I were really let in on the big secrets of of sex and drugs. We had a whole semester of sex education.

That's what's needed here in Wichita, where I can safely say that there are a few more pregnant high school students than there are back in that Connecticut school. Not just a couple of movies or filmstrips, but an organized curriculum. Sex and AIDS education has to be something that comes back every day . . . something that can't be pitched into oblivion after a few minutes in short-term memory. Chop two years off my sex education curriculum and we reach the fourth and fifth-graders of this city (For some reason the kids here don't seem as naive as they were back in my old town). Let's open their eyes - don't let them open each others'.

But this was to be a discussion of AIDS education! My, it'd be pretty silly to tell high school students about the AIDS virus after they're already having babies, abortions and casual sex. To use another analogy, that's like telling someone about the thin ice after they've carelessly stomped out to the center of the pond.

AIDS education belongs first among the children. We have to reach the student before he or she realizes that he or she doesn't want to be educated or that he or she would rather put trust in an ill-informed friend.

We have to work fast - we have to tell the children that AIDS is a pandemic. It can be an epidemic anywhere - anywhere - it finds a host. If AIDS were to reach the high schools of America, my generation could find itself in the history books as one very large statistic. And here's a chilling thought. Since the virus is known to sit in the body even for several years, just think

about this for a little bit: How many AIDS cases among our peers could be springing up two or three years from now? And won't you be just a bit horrified two years down the road to discover that your high school girlfriends or boyfriends have begun to show the symptoms of the AIDS virus?

At least don't let it be a trend in every class. We need to teach the children. Otherwise, their future suffering won't be their fault. It will be ours.

Jeff Huntley

A University Student's Perspective

From a university student's perspective, (senior, University of Maryland, comments found in The Sunflower, April 18, 1988) having completed a K-12 school experience without the benefit of AIDS education:

When Michael Passas, a student at a major East Coast university, made his third pilgrimage to Florida this year, things were different. Thousands of students from across the country were there to party, of course. But Passas noted a change in himself. "This time, before getting together with someone," Passas said, "I considered the possibility of getting AIDS - I thought twice."

Acquired Immune Deficiency Syndrome (AIDS) is a reality that affects us all - straight, gay, black, white, Hispanic, women and men. We all need to understand the facts about AIDS including how it is transmitted and what behavior may put us at a higher risk. Most importantly, we must know what each of us can do to prevent the spread of the disease.

"By 1991 in the West, the disease will surpass the combined total of the current top four leading causes of death in men between the ages of 25 and 34 - traffic accidents, suicides, heart disease and cancer," said Dr. Jonathan Mann, director of the World Health Organization. Basically, we students need to take an active approach in seeking AIDS information. "I never really considered AIDS. Now as a first-year dental student, I need to know the facts about it," said Cary Chavis, a student at an Eastern medical college.

U.S. Public Health Service doctors tell us these facts about AIDS: The virus is spread by sexual contact with an infected person, or by sharing needles with an infected person. The virus can also be passed from an infected mother to her baby during pregnancy. Young people experimenting with their newly found college freedom need to be aware of how such high-risk behaviors increase their risk for contracting the AIDS virus.

"Until we develop a cure for this disease," said Dr. C. Everett Koop, surgeon general of the U.S., "education about AIDS is the only way we can prevent its spread." Using a condom is an effective, realistic way of protecting ourselves from the disease.

Said Margie F., a graduate from a liberal arts university, "If sex is going to figure prominently in my life, well, then so are condoms."

In addition to understanding how you can get the AIDS virus, it is equally important that our generation knows how the virus cannot be transmitted. Dr. Koop noted that AIDS is not spread by casual contact, such as hugging, shaking hands or by simply being near a person infected with the virus. Unfortunately, much of the overwhelming information in the media regarding AIDS and its transmission has served to confuse many people with inconsistencies on the "facts."

The U.S. Department of Health and Human services and the Centers for Disease Control, has launched the federal government's first national AIDS information and education campaign. The campaign, "American Responds to AIDS," directs information about AIDS prevention to the general public and specifically those who practice high-risk behavior through a variety of education techniques through the media. Operators at the national AIDS hotline (1-800-342-AIDS) are available 24 hours a day to answer questions and disseminate AIDS information material. There are also AIDS service organizations and hotlines available for your use, in your community.

Many college students who finally get the facts recognize that the disease is something that affects us all. Lyndi Robinson, a student attending a conservative southern college, commented, "The effect the information has had on us has been positive - it gives us something to think about before we make a possible life-threatening decision." It would then seem that through education and understanding that AIDS may be taken seriously, and not passed off as just a "gay man's disease."

Dennis Birch

How To Talk To Your Teens and Children About AIDS

Features a question-answer format, e.g. What is AIDS? How do you get AIDS? How is AIDS NOT spread? Who can get AIDS? How can you protect your teens and children from AIDS? What do you say to your teens and children about AIDS?

Informative about basic, factually based information that is appropriate for various age groups.

The National PTA supports having a wide range of health topics - including alcohol, drug abuse and AIDS - in the school health education programs. The PTA is promoting AIDS education in all schools in America. The U. S. Surgeon General recommends that education about AIDS begin in the elementary school.

And, helpful resources for parents and teachers alike are cited at the conclusion of this brochure.

The National PTA publication, "How To Talk To Your Teens and Children About AIDS" (available by writing to The National PTA, 700 North Rush Street, Chicago, Illinois, 60611)

A National Field Experiment to Assess the Impact of Human Sexuality

. . . the single greatest influence on the intention to engage in (sexual) intercourse, significantly greater than the influence of their friends' opinions, was whether the student felt that "It is against my values for me to have sex while I am a teen-ager." The signal importance of the students' values in determining their intentions concerning intercourse is strong evidence in favor of a values approach to sex education. It underlines the surprising fact that peer pressure, though powerful, is less powerful than the student's own internalized beliefs and values . . . So far as we know, this study seems to imply is that, in persuading teen-agers to delay involving in sexual intercourse, the best chance of succeeding is with a course that affirms the importance of basic values.

From the SEARCH INSTITUTE, a National Field Experiment to Assess the Impact of Human Sexuality: Values and Choices on Public School Seventh and Eighth Grade Youth: (more detailed study results available from the Institute, 122 West Franklin Ave., Suite 525, Minneapolis, MN 55404)

"Morbidity and Morality Weekly Report - Supplement"

Includes, Guidelines: Planning and Implementing Effective School Health Education About AIDS; Preparation of Education Personnel; Programs Taught by Qualified Teachers; and the Purpose of Effective Education about AIDS.

Additionally, this bulletin presents a summary of sequenced information that "schools should assure" for (1) early elementary school, (2) late elementary/middle school, (3) junior high/senior high school.

A "Program Assessment" section focuses on nine assessment criteria:

A. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?

B. To what extent is the program included as an important part of a more comprehensive school health education program?

C. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?

D. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?

E. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?

F. To what extent is the program designed to help teen-age students avoid specific types of behavior that increase the risk of becoming infected with HIV?

G. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors - especially those who teach about AIDS?

H. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?

I. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

From the U.S. Department of Health and Human Services, Centers For Disease Control, a most informative "Morbidity and Mortality Weekly Report - Supplement" (full supplement available by request from:

National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" P.O. Box 6003 Rockville, Maryland, 20850

Parent and Community Involvement

Increasingly, parents are asking schools to assume a greater role in teaching human sexuality, AIDS education, and to provide information related to health and sexually transmitted diseases (STDs). Because of the potential controversial nature of this type of program it is recommended that local districts establish a number of communication forums and activities to include parents, health specialists, educators, and local leaders in order to gain community support.

It is important to communicate to the public that the school is not attempting to replace the role of the parent, but rather to assist the parents and young people in acquiring factual information and help them to make informed, responsible decisions concerning their health and sexual activity. The public needs to understand that providing facts will not necessarily affect behavior. Failure to involve the community in decisions related to human sexuality curriculum and programs may lead to mistrust and lack support.

The following activities have been used in various parts of the country to facilitate parent and community participation:

Town Meetings: Communicate to parents and patrons the need for human sexuality information and AIDS education. They can invite health officials, local medical personnel, and educators to discuss AIDS, STDs, and risks associated with teen sexual activities. At later meetings ask for parent and patron input and provide materials and information from other districts, states, and health agencies.

Workshops: Sponsor several workshops throughout the district titled: How to Talk to Your Children About Sex, or What You Should Know About Sexually Transmitted Diseases, in order to (1) increase parent's knowledge, (2) increase comfort and security in discussing the topics, (3) increase ability to communicate, (4) provide handouts and factual/medical information, and (5) instill a feeling of participation and consultation on a controversial subject.

Advisory Committees: Teachers and administrators can sponsor a community advisory committee that will add a great deal of truth

and credibility to a proposed curriculum. The advisory committee could include: a counselor, social worker, physician, elementary and secondary teachers, parents, ethnic representatives, clergy, and recent graduates. The advisory committee may assist in assessments, policies, evaluations, curriculum development, and act as a sounding board for concerned parents and patrons.

Parent Teacher Association: Develop study groups, work with teachers and administrators, obtain speakers and specialists to talk to members, provide resource material, increase knowledge and sensitivity level of the whole community, and provide a forum for parent and community input.

Research and Development Committees: In some communities parents and patrons appoint several trusted people from various professional fields to research the facts and report back to them. Quite often these teams are selected from universities, medical professions, ethnic and cultural groups, and community representatives. When these teams are broad based and professional in their thinking and outlook, they are very effective.

State Department of Education: A task force is usually appointed to respond to state or national concerns related to education. A large, diverse group of educated and professional people is appointed to study, research, and develop broad-based recommendations intended for all districts. The recommendations come from a composite of information such as: other state programs, national guidelines, research and scholarly writings, medical and health professions, and legislation.

Conclusion: It is now accepted as a school responsibility to help young people lead safe and healthy lives. If school districts are to succeed in getting factual information to students and parents, they must elicit support and input from parents and other community leaders. By working together, school personnel and parents can provide the type of atmosphere that promotes academic and personal success.

Evelyn L. Hausmann

ADVICE FOR KANSAS EDUCATORS
Curriculum Development

Kansas school systems have responded with a variety of approaches to the state mandate of providing human sexuality and Acquired Immune Deficiency Syndrome (AIDS) education. Although the regulation does not require instruction at every level, kindergarten through twelfth grade, it does call for a comprehensive program. This is interpreted to indicate a planned, sequenced and developmentally appropriate curriculum. (KSDE, 1988)

Curriculum development demands an extensive time commitment and involvement of many individuals. In addition to administrators and select teachers, the human sexuality curriculum development committee should be composed of parents, community persons, and skilled professional educators.

Responsibilities of this committee may include:

*Review available literature and curriculum guides.
*Conduct a needs assessment.
*Determine curriculum content, based on the needs assessment.
*Establish objectives for the program.
*Develop age appropriate objectives sequenced by grades.
*Identify teaching strategies.
*Determine resource materials to be used.
*Identify evaluation techniques.

Each of these responsibilities are major tasks in the development of the human sexuality and AIDS curriculum.

The teacher is considered the single most important factor in determining the success of the human sexuality curriculum. Therefore, it is imperative to select teachers for the programs who are highly motivated, well trained in the subject area, respected by colleagues, administrators, parents, and also capable of developing rapport with students. Because it is critical that the human sexuality curriculum be supported by the total administrative and instructional staff, inservice sessions need to be planned that can acquaint and sensitize each to the philosophy, goals, and content of the program. Kansas does not have an approved curriculum guide to accompany its mandate for providing human sexuality and AIDS education in all accredited school systems. However, the

Kansas State Department of Education has developed Human Sexuality and AIDS Education Guidelines to provide guidance in developing and strengthening programs. (KSDE, 1988)

Kansas State Department of Education. (1988) Human Sexuality and AIDS Education. Topeka, Kansas.

Mary E. Griffith

Teaching Strategies

Many persons believe that decisions related to how to teach are as important as what to teach. After deciding what to teach, educators responsible for human sexuality and AIDS education are advised to select and adapt teaching strategies in relation to specific instructional objectives, the nature of the learners, and their own teaching expertise. Paramount to the utilization of these strategies is the creation of a classroom environment that is open and honest; thus, encouraging students to examine their own values, express their own questions concerns, and gain awareness of the concerns and values of others. Following are some examples of strategies that are useful for creating interest, presenting factual information, and helping to develop conflict resolution and communication skills as well as sensitivity toward others.

Media, guest speakers including persons with AIDS and health professionals, student interviews, individual and group research projects, public service announcements, and songs help create student interest related to human sexuality practices and issues. Videos, films, guest speakers and lectures are ways to present facts related to human sexuality and AIDS. They are more effective when they incorporate correct terminology and stress healthy behaviors and practices and less effective when they rely solely on statistics and biomedical aspects of sexuality and sexual diseases.

Feeling circles, brainstorming, discussions, problem solving, decision making, and role playing are examples of strategies that help one develop and enhance conflict resolution, thinking, and communication skills. Additionally, they can serve to enhance one's sensitivity toward others.

A feeling circle is particularly effective at the elementary level. Self expression, listening, taking turns, and remembering are outcomes of this strategy when students respond to questions such as "How do we feel about people whom we consider different from us?" Brainstorming is useful for helping learners of all ages develop respect for others and a frame of mind necessary for critical thinking and effective problem solving.

Lectures are more effective when followed by small or large group discussions that allow learners to exchange opinions and view points, listen, and evaluate evidence. The fish bowl is an example of one discussion strategy that allows the teacher to create a small group experience without losing the attention of the class. All learners have the opportunity to get involved, have their say, hear how others perceive a situation, and decide on a mutually acceptable solution. Loyalty, breaking rules, interfering with the rights of others, and sex stereotyping are examples of possible class problems that could be solved through this procedure that begins with six volunteers sitting in six of seven chairs arranged in a circle in the center of the class and the rest of the class sitting and listening in an outer circle.

Problem solving exercises, decision story models, force field analysis and role playing help learners of all ages develop personal conflict resolution skills. Learning to resolve a conflict between individuals or groups without losing or sacrificing one's identity, self respect, or control over one's life can be one of the most important life skills anyone can learn.

Janice R. Wissman

AN ESPECIALLY HELPFUL RESOURCE: ASCD'S CURRICULUM UPDATE, VOL. 29, #17

The Association for Supervision and Curriculum Development has put together a single, succinct but comprehensive, bulletin that I believe will prove to be useful to any practitioner who deals with AIDS education. The publication will be briefly introduced here; the suggestion is that every reader who has not accessed the paper will secure it. (Order by asking for the Curriculum Update as cited above: ASCD UPDATE, 125 N. West St., Alexandria, VA, 22314-2798 - SASE and $1.00.)

Peggy Brick's article, "AIDS Forces the Issue: Crisis Prevention or Education in Sexuality?" contains an informative review of the AIDS education challenge, complete with some history and considerable up-to-date factual data. Selected quotes from this section included: "How, (educators) wonder, can children come to see sexuality as a source of human enrichment and happiness if education about AIDS sends a strong sex-is-dangerous message?" - - "A recent study of children's sexual thinking reveals that American children are two or three years retarded in their sexual vocabulary and knowledge and that they cannot make responsible decisions about sexual matters." - - "Innocence about sexual concepts also increase a child's vulnerability to sexual abuse, which is prevalent in our society." - - "In one study, 54 percent of the teen boys and 27 percent of the teen girls responded that it was 'all right for a boy to hold a girl down and force her to engage in intercourse if she led him on.'" - - "The choice (about sexual learning) is not whether children will learn about sex from their teachers, but whether that learning will be unconscious and haphazard or thoughtful, planned, and purposeful." - - "Often unwittingly, sometimes unfortunately, most teachers are sexuality educators." - - "Family life education (FLE) has evolved rapidly in the past decade until it has become a distinct discipline with model curricula, certification of professionals, and evaluative research." - - "An increasing number of educators believe that the early elementary classroom is a natural and necessary place to start responding to children's healthy curiosity about sexuality" - - "Workshops for parents acknowledge them as the primary sex educators and put schools and parents on the same side as partners in sex education." - - "The study (cited) noted that although few cases of AIDS presently strike adolescents, the patterns of drug abuse and sexual activity among uninformed youth predispose them to make potentially deadly choices." - - "The coming year will be

a critical one as communities decide whether to choose reactive prevention programs or proactive K-12 sexuality education."

Peggy Brick concludes her fine article with forty-three (43) footnote citations that point up a wealth of helpful resources.

This issue of UPDATE next features a question-answer section, "Why Should Schools Teach Teens About AIDS?" w/footnotes - source goods. A brief recounting of "What Adolescents Should Know About AIDS" may be redundant for some readers, but maybe regular revisits to this charge are in order. The newsletter cites "Criteria for Evaluating AIDS Curriculums" -- surely a welcome piece of information today.

Finally, UPDATE lists "Key Resource Centers for Family Life/Sex Education," which includes organizations, curriculums, guides, training manuals, and a reference to an annotated bibliography re AIDS

RESOURCES

The American Red Cross, National Headquarters, 431 18th St., Nw. 4th Floor, Washington DC, 20006.

A really splendid packet of materials for educators, complete with "Latest Facts About AIDS" brochures, e.g. "AIDS: and Children," "AIDS, Sex and You," "Facts About AIDS and Drug Abuse," "AIDS: The Facts." Information about the American Red Cross's popular video, "Beyond Fear" is presented, along with their newly released AIDS Prevention Program for Youth. Posters come with the packet, too.

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The Kansas State Department of Education, 120 East 10th Street, Topeka, Kansas, 66612.

The Preliminary Guidelines for Developing and Strengthening Programs and the Human Sexuality and AIDS Education Guidelines materials are a must for any Kansas school district.

The Elementary and Secondary Schools Accreditation Regulation provides a statement of Philosophy and Purpose for Human Sexuality and AIDS Education and a succinct statement of Goals of Human Sexuality and AIDS Education. Helpful suggestions for originating and implementing a comprehensive human sexuality/AIDS education program are included.

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U.S. Public Health Service Public Affairs Office, Hubert H. Humphrey Bldg., Room 725-H, 200 Independence Avenue, S.W., Washington DC, 20201.

The Surgeon General's Report on Acquired Immune Deficiency Syndrome.

American Association of Physicians for Human Rights, P.O. Box 14366, San Francisco, CA 94114.

AIDS Action Council, 729 Eighth Street, S.E., Suite 200, Washington DC, 20003.

Gay Men's Health Crisis, P.O. Box 274, 132 West 24th Street, New York, NY 10011.

Hispanic AIDS Forum, c/o APRED, 853 Broadway, Suite 2007, New York, NY 10003.

Los Angeles AIDS Project, 7362 Santa Monica Boulevard, Los Angeles, CA 90046.

Minority Task Force on AIDS c/o New York City Council of Churches, 475 Riverside Drive, Room 456, New York, NY 10115.

Mothers of AIDS Patients, (MAP), c/o Barbara Peabody, 3403 E. Street, San Diego, CA 92102.

National AIDS Network, 729 Eighth Street, S.E., Suite 300, Washington DC 20003.

National Council of Churches AIDS Task Force, 475 Riverside Drive, Room 572, New York, NY 10115.

Sex Information and Education Council of the U.S., New York University, 32 Washington Place, New York, NY 10003.

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The Sex Education Coalition, 2000l O Street, NW, Washington DC 20036.

Brochures: "We Reach the People Who Teach," "What is SEX ED Really?" "Tips for Parents -- Talking With Your Children Abut Sexuality," "Education to Prevent AIDS," and "AIDS Education: Meeting the Need"

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NETWORK PUBLICATIONS, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061

Pamphlets, videos, books, curricula -- all focusing on AIDS education and human sexuality education for elementary through senior high students. Send for a catalog.

Curricula: (selected)

Changes and Choices: Human Growth and Development for Classroom Use. Contact: Kathryn Bosch, Family Planning Council of Western Massachusetts, 16 Center St., Northampton, MA 01060.

Especially for 5th and 6th grade students, the fourteen sessions cover individual topics with full lesson plans available.

Education for Sexuality: Concepts and Programs for Teaching Contact: John J. Burt and Linda Bower Meeks, CBS College Publishing, 383 Madison Ave., New York, NY 10017.

Three sections acquaint teachers with basic information and concepts related to sexuality. Teaching units for grades 1 through 6 are included, with illustrations and overhead projections.

Especially for You Contact: Judy Keller and Diane Fletcher, EFY Publications, 3329 Weeping Willow Lane, Virginia Beach, VA 23456.

Design focus is assisting preadolescents in understanding today's sexual environment, developing sound judgment, and making constructive choices for their futures, based on an understanding and respect for themselves and others as sexual beings. Includes information on growth, development, puberty, reproduction, contraception, and parenthood.

Programs for Pre-Adolescents: Sexuality Education Strategy and Resource Guide Contact: June Quinn, Center for Population Options, 1012 14th Street, NW, Washington, DC 20005

Based on information and experience from the Youth Serving Agencies Project, the guide covers successful program models, issues to consider when implementing a program and recommended resources.

Family Life Education Curriculum for Pre-Adolescents
Contact: Marcia W. Miller, Mount Vernon Public Schools, Division of Educational Services, 165 North Columbus Ave., Mount Vernon, NY 10553

Described as a comprehensive approach to the study of family life and human sexuality in grades 5-8, dealing with the emotional and social aspects of sexual activity, values, and decision-making and communication skills.

Family Life Education: Resources for the Elementary Classroom, Grades 4, 5, and 6 Contact: Lynne DeSpelder and Albert Strickland, Network Publications

Described as one of the most comprehensive family life education guides ever offered at the elementary level, with 122 teaching activities that cover five topic areas: Self, Family, Friends, Decisions, and Body.

Guides and Training Manuals (selected)

Practical Approaches to Sexuality Education Programs
Contact: Ann Thompson Cook and Pamela Wilson, Sex Education Coalition

A set of guidelines for developing sexuality programs, including a chapter on programs for preadolescents.

Sexuality Education: An Annotated Guide for Resource Materials
Contact: Pamela M. Wilson, Network Publications

A review of books, films, filmstrips, cassettes, slides, curricula, charts, models, and games for youth in elementary through senior high schools.

Sexuality and Family Life Education: An Annotated Bibliography of Curricula Available for Purchase
Contact: Leigh Hallingby Comp., SIECUS, 32 Washington Place, New York NY 10003

This document list ninety curricula and other sex education resources for sale from grades K-12.

Note. Many of the resources cited here are a part of the Association for Supervision and Curriculum Development (ASCD) publication, Curriculum Update, cited earlier in RECORD, this issue. Thank you, ASCD!

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"A society is best measured by the way it invites everyone to participate in the progress of civilization."

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Ed's Note. When I read this epigram I hear the admonishment t educators, that we must invite our students to celebrate thei lives in a fashion that indeed contributes to the progress of ou civilization. Ambitious? Certainly. Are we capable Absolutely!

JHW

This book

distributed by